Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name				Date Stamp	California OOO	
County of Los Angeles			-	Form 802		
Division, Department, or Region (if applicable)				For Official Use Only		
Board of Supervisor						
Street Address						
500 W. Temple St. Room 8	69, Los Angeles 90	0012				
Area Code/Phone Number	E-mail		2 130 4		FE 1 18 191	
213-974-5555	CONTRACTOR OF THE PROPERTY OF			Amendment (Must explain in Part 5.)		
Agency Contact (name and title			0	Date of Original Filing: _		
Linda Balderrama - Ticket Administrator			(month, day, year)			
2. Event For Which Tickets		ed				
Date(s) of Event: $\frac{2}{\sqrt{2}}$			LA Philharm	nonic		
Date(s) of Event:	Desc	ription of Eve	nt:	_		
	/ Face	Value of Tick	et: \$ <u> </u>			
Agency Event X Yes						
Name of Outside Source of	48 1350		53			
	_	to Agency				
Number of Tickets Received	:2	Ticket(s) Pro	vided to Agenc	y: 🗵 Gratuitously	☐ Pursuant to Contract	
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuation	on sheet for addit	ional names)		
Name of Office	ial	Number		her the Distribution is Inco		
(Last, First)		of Tickets	Descri	be the Public Purpose for	the Distribution	
				01.4. d		
4. Individual or Organization	n Receiving Tic	ket(s) (Provid	led at the behest	of an agency official)		
Name of Behesting Agency	Official: Nicholas H	lolden-Comm	unity Relations	Assistant		
					r of Ticketor 2	
Name of Individual or Organization: Painted Turtle			Number	r of Tickets:2		
Description of Organization:	Foundation for car	mp ground for	children with ill	Inesses		
	00 -4th St, Suite 30	00	Santa Monica	CA	90401	
Address of Organization: Number and Street		1000 N	City		State Zip Code	
Purpose for Distribution: (De	escribe the public pur	pose for the dis	stribution to the o	rganization.)		
Auction item for their fundra		pood for the die		rgamzation.,		
Auction item for their fundra	1961	V.				
5. Verification				<u> </u>		
	ibution of tistocks and t	iando abarra ia in		the previous of CDDC	Demilation 100111	
have determined that the distri			i accordance with	i me provisions di FPPC l		
Goddenan Linda Balderrama			Ticke	t Administrator	1-15-10	
Signature of Agency Head or Designation		Print Name		Title	(month, day, year)	
Comment: (Use this space or ar	ı attachment for any add	ditional informatio	on including amend	ment explanation.)		

Tickets Provided by **Agency Report**

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name			Date Stamp	California Q02		
County of Los Angeles				Form OUZ		
Division, Department, or Region (if applicable)				For Official Use Only		
Board of Supervisor						
Street Address						
500 W. Temple St. Room 869, Los	Angeles 90012		·			
Area Code/Phone Number E-mail			Amendment (Must exp	lain in Part 5)		
213-974-5555 fifthdistrict.lacbos.org			Source Turbus Professional State (Market Bushes) and Assert Asser			
Agency Contact (name and title)			Date of Original Filing:(month, day, year)			
Linda Balderrama - Ticket Administrator				(monai, day, year)		
2. Event For Which Tickets Were	Distributed	4				
		nt: LA Philharm	nonic	FI		
Date(s) of Event: 2 , 27 , 1	Face Value of Tick	et: \$ 93 °V				
	o (Identify source of ticke					
Name of Outside Source of Ticket(s) Provided to Agency: LA	A Philharmonic				
Number of Tickets Received: 2			y: ⊠ Gratuitously [☐ Pursuant to Contrac		
				G STEEREN		
3. Agency Official(s) Receiving T	icket(s) (use a continuation	on sheet for addit	tional names)			
			her the Distribution is Income to the Official or			
(Last, First)	of Tickets	Describ	be the Public Purpose for	the Distribution		
Catherine Mak - Staff Analyst	2	Dept. of Publ	lic Health Services Employee Recognition			
The same of the sa						
4. Individual or Organization Rec	eniving Ticket/s) (P	dod at the beheat	of an agency official \			
4. Illulvidual of Organization Rec	erving Ticket(s) (Provid	ueu at the benest	. or arr agency official.)			
Name of Behesting Agency Official:						
9700 DDD D			26 All 100			
Name of Individual or Organization:		N 25 7881	Number	of Tickets:		
Description of Organization						
Description of Organization:		-				
Address of Organization: Number and S	treet	City		Stale Zip Code		
Durnage for Distributions (December 1)	ho nublio numasa for the all	otribution to the -	ragnization \			
Purpose for Distribution: (Describe the	ne public purpose for the di	stribution to the o	rganization.)			
Auction item for their fundraiser	**	- 1000 c				
T 1/ 161 - 11	W = 0 0	-	WARE TO BE A SECTION OF THE SECTION			
5. Verification		sommer of the second		D		
I have determined that the distribution o		n accordance with	n the provisions of FPPC I	≺egulation 18944.1.		
Grede Baldenami	Ticke	t Administrator	1-15-10			
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)		
Comment: (Use this space or an attachme	ent for any additional information	on including amend	ment explanation.)			

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AGENCY REPO	R	т

1. Agency Name			Date Stamp	California Q02		
County of Los Angeles		Form OUZ				
Division, Department, or Region (if applicable)				For Official Use Only		
Board of Supervisor						
Street Address						
500 W. Temple St. Room 869, Los Angeles 90						
Area Code/Phone Number E-mail						
213-974-5555 fifthdistrict.lacbos.org			Amendment (Must explain in Part 5.)			
Agency Contact (name and title)			Date of Original Filing:			
Linda Balderrama - Ticket Administrator				(month, day, year)		
2. Event For Which Tickets Were Distribute	ed	Syl				
Date(s) of Event:1/_30/_10 Desc		nt. LA Balalaika	a Orchestra Anniversary	/ Concert		
Date(s) of Event.	inpulon of Ever		32.00			
/Face	Value of Ticke	et: \$				
Agency Event	ource of ticke	ets below.)				
			nestra			
Name of Outside Source of Ticket(s) Provided t	o Agency: —	· Datailanta Oro.	100114			
Number of Tickets Received:6	Ticket(s) Pro	vided to Agency	y: ⊠ Gratuitously [Pursuant to Contract		
3. Agency Official(s) Receiving Ticket(s) (us	se a continuatio	on sheet for addit	ional names)			
Name of Official Number State Whether the Distribution is Income to the Official of						
(Last, First)	of Tickets	Descrit	oe the Public Purpose for t	the Distribution		
Michael Antonovich	6	Promoting int	ergovernmental relation	no		
Wichael Antonovich	0	Fromoung int	ergoverninentar relatio			
	9					
			4			
4. Individual or Organization Receiving Tic	ket(s) (Provid	led at the behest	of an agency official.)			
a.viaaa o. o.ga <u>a</u> aaon nooottii.g vio			or an agone, omeran,			
Name of Behesting Agency Official:	*			- in-		
Name of Individual or Organization:	300, 300, 400		Number	of Tickets:		
Description of Organization:						
Description of Organization.						
Address of Organization:						
Number and Street		City		State Zip Code		
Purpose for Distribution: (Describe the public purp	pose for the dis	stribution to the o	rganization.)			
Auction item for their fundraiser			· ·			
Addition for their fartaless			*			
5. Verification						
I have determined that the distribution of tickets set for	orth above is in	accordance with	n the provisions of EDDC E	Regulation 18044 1		
(1 - 41.				Salara Marcanata Salarana		
Linda Bilderiam Linda Balderrama		Ticket	Administrator	1-15-10		
, 5	Print Name		Title	(month, day, year)		
Comment: (Use this space or an attachment for any add	litional informatio	n including amend	ment explanation.)			